

Practice Education Guidelines for BC Communicable Disease Outbreaks

GL#3-4

February 2013

Introduction and Purpose:

Routine practices are measures used to prevent the transmission of infections in all healthcare settings, and should be used with all patients/residents/clients at all times. In the event of a communicable disease outbreak in a health care setting, implementation of specific infection control protocols is necessary. During outbreaks, restrictions for students may be required in order to help contain and prevent the spread of infection as well as protect the health and safety of the student. The level of the restriction is based on the degree of the outbreak. If a whole facility is deemed an outbreak location, all students may be prevented from entering the facility.

The purpose of this guideline is to outline the prevention and outbreak response for students and PSI educators regarding communicable disease in the practice education setting.

Definitions:

Also refer to: Standardized Guideline definitions in Practice Education Guideline (PEG) Introductory Module.

Infectious Disease: a disease that damages or injures the host so as to impair host function. Caused by the presence and activity of a pathogenic microbial agent (e.g. viruses, bacteria, fungi, protozoa, parasites). Transmission occurs by several pathways such as through contact with infected individuals, by water, food, airborne inhalation, or through vector-borne spread.

Communicable Disease: an infectious disease caused by germs spread from one person to another (contagious). Often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated. Some communicable diseases are preventable by vaccination/immunization.

Outbreak: when cases of a communicable disease, such as flu, diarrhea, skin infection (e.g. scabies, chicken pox), or respiratory infection, are happening more than usual. The Infection Control Officer and/or the Medical Health Officer declare an outbreak. An outbreak can be sporadic (an occasional occurrence), endemic (regular cases often occurring in a region), epidemic (an unusually high number of cases in a region), or pandemic (a global epidemic).

Non-Outbreak: either when there is no evidence of an outbreak in that location or when conditions have become such that the Infection Control Officer and/or the Medical Health Officer has declared the outbreak over for that location.

Routine Practices: a set of infection control precautions that are to be used with all patients, at all times, regardless of presumed infectious status or diagnosis.

Practice Guideline Standards:

In the event of a communicable disease outbreak, the Health Care Organization (HCO) or the Post Secondary Institution (PSI) may change, suspend or delay the student's practice education experience depending on the circumstances of the placement and type of outbreak.

Students and PSI Educators must complete infection control and hand hygiene pre-requisite education prior to the start of the practice education placement. Hand hygiene will be a priority area

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of practice emphasized during all practice education experiences.

Students will follow routine practices at all times during the practice education experience.

In the event of a vaccine preventable communicable disease outbreak in the HCO:

- Any unvaccinated student or PSI educator will be required to leave the practice education setting and not return until determined safe by the HCO Occupational Health and Safety / Infection Control staff.
- Any student or PSI educator who is unable to provide proof of immunity status when requested will be required to leave the practice education setting until required records are available and immunity status is determined.
- The HCO and PSI will work collaboratively to seek alternate, appropriate practice placement experiences in unaffected work areas within the organization, to avoid interruption/suspension of the practice experience. Alternate placements cannot be guaranteed.

Influenza vaccine exclusion only applies to:

- Unvaccinated individual who takes anti-viral medication as prescribed and continues to take until the outbreak is declared over by the HCO.
- Unvaccinated individual who obtains influenza vaccination during the outbreak may return to the practice education setting 14 days after vaccination or when outbreak is declared over by the HCO.

In the event of a non preventable communicable disease outbreak by immunization/vaccination in the HCO,

The following factors will be considered in determining continuation of the placement:

- allowed by specific HCO policy;
- the student and/or PSI educator were on the unit just prior to and during the initial outbreak; in this circumstance the student and PSI educator are already exposed;
- the practice education experience is planned only for the one unit. Students and PSI educators are not permitted to move between locations when one of the locations is an outbreak unit.

Students and PSI educators who are not assigned to a specific location (i.e. rotate through different locations) for the practice education experience, must not enter an outbreak unit(s).

Roles, Responsibilities and Expectations:

Post Secondary Institution:

Maintain records that confirm students and PSI Educators have completed practice education pre-requisites, including:

- Required immunizations (See PEG 1-3: Immunizations)
- Infection control / hand hygiene education (See PEG 1-6: Orientation_Students and PEG 1-5: Orientation_PSI Educators)
- Respiratory Protection (See PEG 1-4: Respiratory Protection).

Ensure curricula addresses infection control & routine practices, including hand hygiene, and that students have practiced these techniques prior to the practice education experience.

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In the event of an outbreak, determine whether the practice education experience should be changed, delayed or cancelled.

Students/ PSI Educators:

Complete all pre-requisites prior to the practice education experience, including immunizations, infection control/hand hygiene education and respiratory protection.

Ensure consistent compliance with hand hygiene policies and protocols.

Be prepared to provide proof of immunity status to HCO if requested.

Do not cross over between an outbreak unit and a non-outbreak unit. This includes lounges and washrooms dedicated to those personnel caring for patients on outbreak units.

Do not come into a HCO if displaying any of the symptoms of a communicable disease (nausea, vomiting, diarrhea, and/or respiratory infection).

Leave the practice setting immediately if beginning to display any symptoms of a communicable disease.

Do not return to the HCO until after the symptoms are resolved. If ill with gastroenteritis, do not return until 48 hours after symptoms have resolved.

Notify HCO Educator and PSI Educator of symptoms and fulfill follow-up requirements as requested.

Health Care Organization:

In the event of a communicable disease outbreak, assess suitability of existing placements in outbreak unit:

- Confirm students / PSI educators currently in setting;
- Confirm single unit placement scheduling. If student placement involves rotation through clinical units beyond outbreak unit, readjust placement schedule to ensure student remains in one unit;
- Request student / PSI educator records confirming pre-requisite completion, including immunization record;
- Work collaboratively with PSI partners to seek alternative placements options for students who are unable to remain in the outbreak unit.

Identify the PSI liaison for communication and planning of placement. Facilitate the movement of placements or extension of experience if possible to fulfill placement commitments.

Resources and References:

BC Centre for Disease Control. (2011). *Communicable disease control manual*. Vancouver, BC. Available at: <http://www.bccdc.ca/dis-cond/comm-manual/default.htm>

BC Centre for Disease Control. (2010). *Infection prevention and control policy*. Vancouver, BC. Available at: <http://www.bccdc.ca/resources/guide-forms/default.htm>

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BC Ministry of Health. (2012). *Best practices for hand hygiene in all healthcare settings and programs*. Available at: <http://www.health.gov.bc.ca/library/publications/year/2012/best-practice-handhygiene.pdf>

Health Canada. (2010). *Infection prevention and control best practices for long term care , home and community including health care offices and ambulatory clinics*. June 2007. [updated July 2010]. Available at: <http://www.phac-aspc.gc.ca/amr-ram/ipcbp-pepci/infection-eng.php>.

Provincial Infection Control Network of BC. (2011). *Management of healthcare providers pre and post exposure to measles, mumps or rubella*. Available at: <http://www.picnetbc.ca/practice-guidelines>

Provincial Infection Control Network of BC. (2011). *Respiratory infection outbreak guidelines for all healthcare facilities*. Available at: <http://www.picnetbc.ca/practice-guidelines>

Provincial Infection Control Network of BC. (2010). *Gastrointestinal infection outbreak guidelines for all healthcare facilities*. Available at: <http://www.picnetbc.ca/practice-guidelines>

Provincial Infection Control Network of BC. (2009). *Home and community health care guidelines*. Available at: <http://www.picnetbc.ca/practice-guidelines>

Provincial Infectious Disease Advisory Committee (PIDAC). (2012). *Routine practices and additional precautions in all healthcare settings [3rd ed.]*. Public Health Ontario: Ontario. Available at: <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/routine-practices-and-additional-precautions.html>

Guideline Review History

Revision #	Date	Author(s)	Brief Description of Change (reason for change)
Original	September 2007		
1	February 2013	Andrea Starck (NHA), Heather Straight (VCHA), Debbie McDougall (BCAHC)	Revised to new template Content aligned to related guidelines (eg: immunizations, respiratory protection, orientation) References updated ++